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ABSTRACT

Research indicates that parents, grandparents, elders, foster parents, youth leaders, coaches, and other role models can play a major role in helping young people avoid substance abuse. This booklet provides caregivers with guidelines for communicating with youth about these potential problems. It is geared to the parents or guardians of 7-to-13 year olds, but the material and exercises can also work for different age groups. The booklet is divided into five sections, based on the five reasons that young people give for using alcohol, tobacco, and marijuana-- to feel grown up, to fit in, to relax and feel good, to take risks and rebel, and to satisfy curiosity. Each section provides background on each reason, information on how adults can help, and exercises to share with children. For caretakers who presently use alcohol or who have tried marijuana or other illegal substances, this guide provides information that can help in steering children away from the use of these substances. The suggestions provided here give guiding principles for communicating with youth; caretakers should use their own words when speaking to their children. A list of additional resources that adults can draw upon are included. (GCP)

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Keeping Youth Drug Free: A Guide for Parents, Grandparents, Elders, Mentors, and Other Caregivers

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Message From Donna E. Shalala

Secretary, U.S. Department of Health and Human Services

We know that parents, grandparents, elders, foster parents, older siblings, youth leaders, coaches, and other role models can play a major role in helping young people avoid the dangerous minefields of substance abuse. The key is to talk to our children—often and early—and to send clear and consistent messages that we don't want them using alcohol, tobacco, and drugs. The fact is, most parents have an incredible influence on their children, despite their worries about the negative effects of peer pressure and pop culture.

Keeping Youth Drug Free provides caregivers with guidelines to help them make the most of that influence. It is targeted to parents and guardians of 7- to 13-year-olds, but the materials and exercises can also work for other age groups.

This booklet is divided into five sections to address the reasons young people give for using alcohol, tobacco, and marijuana: to feel grownup, to fit in and belong, to relax and feel good, to take risks and rebel, and to satisfy curiosity. It's never too early or too late to help our children make the right decisions.

I want to thank all the people who helped create *Keeping Youth Drug Free*—especially my colleague, Dr. Nelba Chavez, the Administrator of the Substance Abuse and Mental Health Services Administration. We hope you will use this information to help the children in your life and share it with others. Taking care of our children is the hardest, the most rewarding, and the most important job we will ever have. The support and guidance we give to young people today will help determine the kind of adults they become tomorrow.

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Keeping Youth Drug Free is a guide in the true sense of the word—look it over and read the parts that seem most helpful to you. We hope that you will refer to it as opportunities arise throughout your child's life. If the exercise on peer pressure seems a little premature for your child, for instance, you may find the information and exercise on building social skills useful.

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Some Facts

Young people are being exposed to alcohol, tobacco, and illicit drugs early on—even in elementary school. The younger people start to use alcohol and drugs, the more likely they will develop problems associated with such use.

- Young people who use alcohol and drugs are more likely to be victims or perpetrators of violence, engage in unplanned and unprotected sex, experience school failure, or be seriously injured from driving or engaging in other risky behavior while impaired.
- Easy access and availability of alcohol, tobacco, and illicit drugs make it difficult to keep young people out of harm's way.
- Young people who use tobacco are more likely than others to drink heavily later or use illicit drugs. If we can successfully keep our young people from smoking, we may help prevent other drug use.

- The latest national surveys indicate a slight decrease in youth marijuana use, but we still have a lot of work to do. According to the 1998 National Household Survey on Drug Abuse, 25 percent of youth ages 16 and 17 had used marijuana in the prior year. An estimated 2.1 million Americans used marijuana for the first time in 1997 according to the survey.
- By age 13, half of the Nation's teens say they can buy marijuana and 43 percent of them say they can buy acid, cocaine, or heroin.
- Fewer young people see harm in using drugs; however, understanding the harms associated with drugs is one of the greatest deterrents to drug use by youth.

These facts are alarming, but there is also some good news. Parents possess a unique power to help their children stay healthy and drug free. Fathers and mothers are often identified by young people as the most trustworthy sources of information and guidance on drug use and other serious issues. And adolescents and teenagers want and need this information from parents. The fact is, most teens who don't use alcohol, tobacco, or illicit drugs credit their parents for their decision.

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Raising a child today is no easy task, but as difficult as our job can be as a parent, guardian, or caregiver, we are helping young people to become adults who will, in turn, be parents, uncles/aunts, caregivers, employees, friends, neighbors, followers, leaders, and responsible members of the community. Our behavior toward young people helps to determine the adults they become. *Keeping Youth Drug Free* has been prepared to help caregivers and young people work together to resist the pressures to use alcohol, tobacco, and illicit drugs.

It is divided into five sections, based on the reasons that young people give for using alcohol, tobacco, and illicit drugs—to feel grownup, to fit in and belong, to relax and feel good, to take risks and rebel, and to satisfy curiosity. Every section provides background on each reason, information on how adults can help, and exercises to share with children.

If you presently use alcohol, or if you tried marijuana or other illegal substances, this guide provides information you can use to help steer children away from them.

You may ask, "What's the big deal with all this drug stuff? The child I care about is only 9 years old." But it's never too early to start talking with children about alcohol, tobacco, and illicit drugs. If we say nothing, they might easily assume that alcohol, tobacco, or illicit drug use is okay for them.

The suggestions in this guide are just that—suggestions. The information presented gives guiding principles for communicating with youth. You will want to translate this information into your own words and use your own style in communicating it.

We can all work together to help children make good decisions and enjoy a safe and healthy childhood and adolescence. Our job requires understanding, patience, lots of love, and practice, practice, practice!

Get Involved and Give Encouragement

Young people are much less likely to use drugs when they have something positive to do and when caring adults are involved in their lives. Parents who talk to their children about what's happening in their lives are better able to guide their children toward more positive, skill-enhancing activities. Support your child's involvement in positive activities by participating when you can (bringing water for the soccer team, attending a recital or play, helping with a science project), and praising their accomplishments. No one is ever too old to hear encouraging words or get a hug or a high five for a job well done. Keep in mind, though, that kids usually know when their effort has yielded a mediocre result. Choose words that will be accepted as authentic.

- Way to go! That's great.
- I think you have real talent.
- This shows you really understand.
- Do you know how good this is?
- You've made real progress.
- See? Hard work really pays off.
- Is this the very first time you did this?
- Congratulations.
- I can't wait to show this to....
- That is a whole new way of thinking about it...good.
- Can you tell me how you did it?
- I like the way you did that.
- I'm proud of you.
- You are a natural....
- I knew you could do it!
- Aren't you proud of yourself?
- You are a quick learner.
- Well done!
- That part is perfect.
- That is a good solution.
- You are really creative.
- You have great control.
- Good job!

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Five Reasons Young People Give for Using...

...Alcohol, Tobacco, and Illicit Drugs

To Feel Grownup
To Fit in and Belong
To Relax and Feel Good
To Take Risks and Rebel
To Satisfy Curiosity

REASON 1 To Feel Grownup

Be Open

Remember that children may talk more openly about sensitive topics with someone who is not their parent or guardian. If you are a parent, try not to let your feelings be hurt and remember that your children will respect you more in the long run if you encourage them to talk to someone else if that is what they want. They probably will come back to you with concerns when they are older. At times an aunt, uncle, sibling, coach, or religious leader may be a more objective sounding board for your child.

Children like to imitate adults. How many times have we found children imitating the way we speak, trying on our clothes or makeup, having a pretend tea party or cocktail party, or dressing up to "go to work"?

To a child, being a grownup is a very desirable thing. Being "grownup" means freedom. Being "grownup" means making your own decisions. Being "grownup" means being able to eat and drink anything you want.

Young people like to "try on" our behaviors along with our grownup clothes. Lots of things fit into the grownup category: driving a car, working, drinking alcohol, getting married, having babies, and so forth.

If we ask young people what messages we send about substance abuse, what might they say? We might be surprised to find out just how grownup they feel when we ask them to get us a beer from the refrigerator or an ashtray from the cupboard.

A child can understand and accept that there are differences between what adults may do legally and what is appropriate and legal for children. We want to continue to reinforce this understanding by not abusing legal substances or illicit drugs. Most kids are already pushed hard to act like grownups. Advertisers appeal to them on TV, radio, and billboards. We must try not to use these appeals in our own homes, clubs, and gathering places.

ACTION STEPS

1. **Don't let your children be involved in your drinking** by helping you mix a drink or getting you a beer.
2. Try to be a **good role model** by drinking responsibly and in moderation and not engaging in any illegal, unhealthy, or dangerous drug use practices. Children, even at very early ages, imitate and are influenced by adult actions and behaviors.
3. When possible, **point out examples** of irresponsible drinking or drug use and the consequences.

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4. Your job is to **talk about these images and behaviors** and what they mean.

You can even make this fun. (See Exercise 1.)

We must keep in mind that **we need to let our children grow up**. Some of the ways children behave are part of a natural and healthy separation, which generally starts between ages 11 and 14. The harder we hold on and pull in the reins, the more they may want us to let go. Gradually giving children more independence can actually help deter them from using alcohol, tobacco, and illicit drugs, simply because they feel grownup and mature. Many times, the first experimentation with tobacco takes place at the precise time a child is requesting greater freedom.

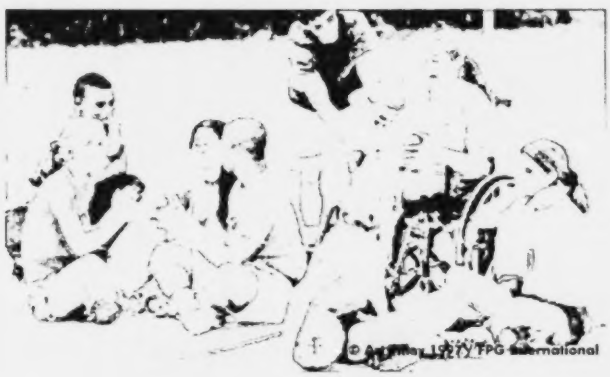
However, we need to make sure that more freedom doesn't mean more unsupervised time to experiment with drugs. Make sure your child has a safe, monitored place to go to after school. Find ways you can allow your child to exert independence in supervised programs, such as extra-curricular or community programs. If possible, let your children choose a program they're interested in. If we attempt to control our children and do not allow them the freedom to grow, we may actually make the problem worse.

How My Use of Alcohol, Tobacco, or Illicit Drugs Will Affect My Child

The fact is, if you use alcohol, tobacco products, or illicit drugs, your children are more likely to use them, too. However, even if you use these substances, you can do a lot to make sure that your children don't.

ACTION STEPS

1. If you use alcohol, drink moderately and refrain from always drinking for celebrations and holidays. Practice other ways to celebrate.



Exercise 1

Dealing with Messages that Promote the Use of Alcohol, Tobacco, or Illicit Drugs

Children see many images in the media and elsewhere that give them misleading ideas of what it means to be a grownup.

This exercise can help children correctly interpret these messages. We can ask a child beginning at a very early age to answer a set of questions. We can take opportunities to talk about this whenever we can. We might see someone smoking on the street, or a scene on TV where someone's taking drugs, or a billboard promoting beer. If the subject doesn't come up naturally, we can prompt a discussion about it.

Here are some guidelines:

- Don't lecture. Talk WITH the child.
- Ask questions.
- Give feedback and positive support.
- Don't label people as bad or good—only their behavior. Drug use, for instance, is bad, but a drug abuser is not a bad person. Make the distinction.

Here are some questions to start the discussion:

(continued)

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(Exercise 1 continued)

1. Is that advertisement trying to sell you something? If so, what?
2. Is that product healthy for you?

We can begin to ask more sophisticated questions as the child gets older:

3. How is the sponsor of that product trying to get you to purchase it?

- By making you feel unlovable (e.g., you won't be liked very much if you don't buy this product);
- By making you feel left out (e.g., everybody else is buying this product so you should, too, or you'll be left out of the "cool" crowd);
- By making you feel inadequate or unsuccessful (e.g., if you don't buy this product, you won't be able to do this or that as well as everyone else); and
- By making you feel less masculine or less feminine (e.g., if you don't drink this product, you're a wimp, or if you don't use this product, you won't be beautiful).

4. How did you feel about being manipulated by that message?

These questions can lead to other discussions about circumstances where young people might be trying to pressure each other to do something they don't want to do.

Try to deal with stress without using alcohol. Try exercise, talking with a friend, or deep breathing, for instance. Allow yourself a "time out" from your regular routine. The children you care for will learn a lot by imitating these coping strategies.

Set aside a few minutes a day to talk about problems or challenges that have come up during the day and discuss how you handled them. You can even ask children for their ideas. This does not mean burdening them with difficult problems or financial worries, but you can ask children for their ideas on simple matters and help them build problem-solving skills. These skills will help them resist peer pressure to use alcohol and drugs to solve their problems.

2. If you use tobacco products and have had difficulty stopping, talk with your children about how addictive nicotine is. Let them know that when you were young, you thought you could stop easily, but you have grown dependent on nicotine.

If your children are very young, you will want to be careful about sharing information about the health problems you may be suffering as a result of your smoking or chewing dependence. A young child may quickly jump to the conclusion that you are dying and may become very frightened.

On the other hand, your children will be hearing a lot about these health problems when they get to school, so avoid downplaying your health problems. If you lose your child's trust, you will have lost something precious. And it will be difficult to teach the lesson that your child should always try to tell the truth, regardless of the consequences.

3. If you use illicit drugs, frequently or even occasionally, **or are abusing prescription drugs**, you are sending strong negative messages to children. These messages may include:

- Take a pill if you need help coping.
- It's okay to break the law when it stands in the way of personal needs.
- The best way to cope with stress, strain, or other problems is to use drugs.
- Happiness comes from the temporary high of drug use, not from good relationships with others.
- It's easier to take drugs than to develop good problem-solving and stress-management skills.
- My priority is my drug taking, not you.
- Money that could be spent on necessities or legitimate entertainment is better spent on drugs.
- Time spent using drugs is better than time spent with loved ones.
- If a person doesn't value life very much, drugs are the answer.
- It's easier to take drugs to try and forget problems than to deal with them.

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How To Talk With Your Child if You Used Drugs in the Past

What's really important here is the value of having a face-to-face discussion with a young person about alcohol, tobacco, and illicit drugs. Read the conversation over several times to make sure you understand the purpose of it. It does not have to be, nor should it be, recited word-for-word. Most important are the principles involved:

- Listening
- Slowing down the dialog
- Asking for feedback between each segment
- Establishing your agenda and communicating it so that a child will hear it and not shut you off

Example

The 12-year-old you care for comes home from school and says, pretty matter-of-factly, "I learned about drugs today. The teacher said that lots of people your age used to do drugs. Did you?"

(You have many opportunities here. Your child, in asking this question, is providing a chance for you to develop your listening skills in addition to answering a question, so try not to react too quickly. It's understandable that a question about your own drug history would make you uncomfortable, but let's see what might be possible here.)

You might say: Wow, you're learning about drugs already? What are they teaching you?

Child: Well, just about drugs and alcohol, and the teacher said a lot of people your age used drugs when they were young.

You might say: Well, I'm not sure what your teacher meant to say, but I can tell you what I know about those times. Would you like me to? *(The parent/caregiver offers a choice here, because some kids might prefer to keep their knowledge general and not specific to their parent/caregiver. Others, of course, will forge on.)*

Child: Sure.

You might say: Well, many people my age, who were young adults back then, tried marijuana. We mostly called it pot. But we didn't know as much about it as we do now. It was the same with cigarettes. We didn't think smoking was very harmful either. So do you still want to know if I smoked marijuana? Think about your answer. How will you feel if I say yes?

(By now, the conversation may be opening up.)

Child: I'll have to think about it. Well, yes and no. Yes, because you always say it's important to be honest. No, because I'm not sure what I'll think about you. If you say no, you'll just be a regular parent. If you say yes, I don't know, that would be kind of weird.

You might say: You're exactly right. That's why I wanted you to think about it. But remember, whatever you decide is okay, and whatever my answer is, we can talk more about it.

(Many opportunities opened between you and your child even before you answered the original question. That's more than half the battle in helping kids resist drugs and alcohol—a strong parental connection, even if a sometimes rocky one, always helps the child.)

Child: Are you just trying not to tell me?

You: No, I'm trying to be thoughtful about how I answer you so I'll know more about what you think about my drug use.

Child: So you did?

You: Yes, I tried it. A couple of times, because friends of mine were doing it. And then I stopped, because I decided it just wasn't a good thing to do.

(It's important to make a distinction between past adolescent or young adult use/experimentation and current adult use. You should not divulge current use unless directly confronted by the child. You should seek help for yourself and the child in dealing with that type of situation.)

You: So what d[illegible] think?

Child: About what?

You: About my saying I used it but then stopped.

Child: Oh, it's okay. I don't know.

You: Are you wondering if I would give you permission or think it's okay to use drugs because I tried them?

Child: Well, if you tried them, what's the big deal?

You: Well, whether or not I used is not the main issue here. The main issue is you. I definitely do not want you to use alcohol, tobacco, marijuana, or any other illicit drugs. I'm not going to give you a lecture about how bad they are for you because you've probably learned a lot about them in class. But I want you to think about this: You—plain and simple—don't need them. You have too much going for you. Drugs don't really help anything. They don't solve problems. They won't make you popular. They won't help you grow up. And they surely won't help you build a strong body and mind. In fact, just the opposite can happen. Now go ahead and get ready for soccer practice—that's something that makes you feel good about yourself.

Obviously, this conversation could go a number of ways. But the point is to **really listen**. Make it clear that you value this young person and believe that he or she has the right to talk with you about anything, AND that you do NOT want him or her to use alcohol, tobacco, or illicit drugs.

Remember

- Value children.
- Seek their input.
- Make your expectations clear.

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REASON 2 To Fit in and Belong

Children want others to like them. Sometimes the group they want to join is—or the child thinks the group is—drinking alcohol, smoking cigarettes, chewing tobacco, sniffing inhalants, smoking pot, taking LSD, using methamphetamines, smoking crack, or even shooting heroin. Sometimes youth turn to alcohol, tobacco, and illicit drugs to feel as though they fit in—to overcome anxiety, change their personality, or give them courage to talk to other people.

Drug abuse is everywhere. The names of the drugs may change from place to place (see page 24), but the related problems remain the same.

Our society is flooded with messages that, mostly unintentionally, encourage us and our young people to use alcohol, tobacco, and illicit drugs to enhance our lives and develop social skills. If you want to celebrate, don't do it without alcohol. If you want to be pretty and thin, just pop some speed. If you want your music to be cool, just smoke a little marijuana. If you want an instant escape, just sniff some glue.

These images help convince young people that they, too, should join "the crowd."

Wanting to fit in and belong is one of the most natural parts of growing up. It is important. In fact, if we really listen, we may find that for some it is THE most important part of growing up. So, how do we help our children deal with and avoid negative peer pressure?

A Supportive Caregiving Pattern Includes

- Strong acceptance of the child.
- High expectations for appropriate behavior.
- Strong responsiveness to the child.
- Strong positive involvement with the child, for example, in planned activities.
- Solid guidance.

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"Building trust is a process, not an event; time is the key. Simply caring about a child is all that it takes to start. Listening, regular time together, playing with, validating, respecting, and empowering a youngster will build a positive connection, for children don't care about how much adults know until they know how much adults care."

Jerry Moe, National Director of the Children's Program, Betty Ford Center, Rancho Mirage, CA

ACTION STEPS

1. Help your child deal with peer pressure.

Even though young people often report that they learn more from friends when they reach adolescence, studies have found that these same adolescents would PREFER to learn about a variety of important topics from their parents or other caring adults. Peer influence does increase during the teen years, but the influence of caring adults can remain strong if you've established a strong relationship during the earlier years.

Parents, grandparents, elders, aunts and uncles, foster parents, guardians, mentors, and others can play a strong role in helping young people face pressures to use alcohol and drugs. **In fact, not wanting to harm the relationship between themselves and the caring adults in their lives is the most common reason that young people give for not using alcohol and drugs.**

Therefore, establishing a clear wish that you, as a caring adult, do not want them to use alcohol, tobacco, and illicit drugs provides the strongest motivation for them to refuse offers to try these substances.

Most peer pressure for young people is just as subtle as it is for adults. For example, let's say you just started a low-fat diet and you've been out playing cards with your friends. They've been eating chips and dip, but you're really proud that you've been snacking away on raw vegetables. As you drive home with your neighbor, she says, "Hey, let's stop off at the pizza place down the block." You mutter something about being on a diet and she says, "Oh come on, one piece of pizza won't kill you." This is peer pressure, and it's the same as what a child experiences when a slightly older pal suggests just taking a "little" hit because he knows the younger friend really doesn't want to do drugs. He's going to show some respect by offering just a "little." No big thing.

This is why practicing resisting peer pressure is important. (See Exercise 2.)

2. Help your child feel comfortable in social situations.

A basic course in general manners often helps here. Again, it's a matter of practicing. Young people want to be socially acceptable, and, if being socially acceptable means eating with a knife and fork instead

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of with one's hands, then that's what kids want to learn.

Practice in meeting and greeting people also is very helpful. Teaching young people some sentences that help them "break the ice" with others will help.

Teaching children how to ask questions about others and to be good listeners also will help build their social skills. (See Exercise 3.)

Again, you can get lots of input from your children to help with this important task. Ask them when they feel uncomfortable. Tell them about a situation in which you felt awkward and see if they have ideas for dealing with the situation in the future. Let them know that social situations often are awkward at first and that they are not very easy for most people. Ask them about their experiences.

Let them know that some people turn to alcohol and drugs to get them through awkward social moments, but then they don't get to practice their social skills and they never get to feel comfortable in social situations. Let them know that it's okay to feel awkward at times. We all do!

3. Help your child build solid interpersonal relationships.

Young people today are influenced by a variety of caregivers, such as parents, grandparents, foster parents, coaches, and mentors, in a variety of settings.

Because many of the adult relationships they experience are transitory (change from semester to semester, season to season, year to year), young people may find it difficult to believe that relationships can be counted on to meet their needs. But that doesn't mean that they don't want to believe this—they do. They want the security of thinking that whatever relationships they have are solid, that they are going to last, and that they can count on other people in their lives. Your relationship with them can give them this assurance.

Value them, seek their input, and make your expectations clear as your children grow up. They need to know that your love will always be there for them. They are going to test that premise over and over again until they are very sure that you mean it.

You can teach them that all relationships are important, but that some relationships are very special and require hard work. How you handle a divorce in terms of recognizing how difficult and complicated it is for everyone involved, for instance, will teach your child a lot about relationships. How you acknowledge that relationships encompass a wide range

BEING A MENTOR

Mentors provide support and encouragement, serve as positive role models, and help those they mentor recognize their own potential and set positive goals. Parents are often good mentors, but many people in a child's life—such as coaches, teachers, doctors, and religious or community leaders—can be mentors.

If you are thinking about being a mentor to a child, here are some things to consider:

- Make a commitment for a specific period of time. You can extend it later, but this way you won't disappoint the child if you are only able to commit for the short term.
- Be very clear about what the child can expect from you.
- Ask the child if the arrangement is satisfactory. If not, respect the answer and try to work out a reasonable solution.

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Exercise 2

Resisting Peer Pressure

Finding creative ways to refuse alcohol, tobacco, and illicit drugs requires humor and lots of practice. Children can help develop their own set of "turn down" comments, but it's your job to help them practice these so that they are not thrown off balance if the offer is more subtle or more direct than what was anticipated.

A lot will depend on the age and temperament of the children, and the most important thing is to make sure they're comfortable with what they want to say. Your job is to coach them to use language and phrases that they come up with themselves.

For instance:

- A shy child might want to say, "No, thanks" or "I gotta go" and then walk away quickly.
- A more outgoing child might say, "What? Are you talking to me? Forget it!" or "No, I don't do drugs."
- You may need to help an angry child come up with something that doesn't needlessly antagonize someone, especially if there is a danger of violence.
- Children who have difficulty refusing offers from older kids or adults may need special help in practicing a forceful and believable reason that clearly lets the other party know that they do not want to use alcohol, tobacco, and illicit drugs.

The name of the game is practice, practice, practice.

The younger the child, the more practice he or she will need. But this cannot be a one-time session. You might find, for instance, that a 10-year-old has no trouble whatsoever saying no to a suggestion to try a beer at a neighbor's house. However, 3 years later, when the 17-year-old next door asks him if he wants a beer, you hear him hesitate—not so sure of himself and his convictions at 13 as he was at the age of 10.

of human emotions—from joy to pain—also will teach your child a lot. How you acknowledge and accept the important people in your child's life will teach a lot about relationships.

Remember that you are going to be tested. "Love me, love my friend" may be one of those tests. Instead of drawing a line in the sand, try to find out what is valuable about these people from your child's point of view. This can help you identify the traits your child is seeking in others. Then you can help your child develop those traits rather than living vicariously through inappropriate role models. If, on the other hand, you choose to criticize their friends, they may end up feeling worse about themselves, and you may drive them to spend even more time with those who may not have their best interests at heart.

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Again, building solid relationships requires practice. It's not something you necessarily get right the first time. There are lots of ups and downs, even in the best relationships.

4. Get to know your child's friends and their parents.

Youth are more likely to experiment with drugs if their friends do. Establishing relationships with your child's friends will put you in closer touch with your child's daily life. You'll be better able to recognize trouble spots and guide your child away from risky situations, dangerous behaviors, and negative peer influences. Arrange to attend school events or other gatherings with parents. As parents, you can reinforce each other's efforts and provide a valuable support network for both you and your children.

Exercise 3

Building Social Skills

Offer young people some exercises to make them feel more at ease and comfortable in social situations.

If your child is going to a party or dance, have her set a goal of meeting two or three new people—no more than that. Goals should be kept within reach.

Teach your child how to break the ice with people by saying, "I've heard that you just came back from a trip to... like alternative music... etc." Encourage them to say what they think or feel about these topics.

Have your child go to a new place with a friend. No one needs to try to do everything alone. The key is to not just stay together the whole time. Each of them might try to meet one other person and come back later to share the stories about the interesting person each has met. (By the way, almost everyone is interesting in his or her own way. It's fun to see if we can find out about the most interesting part of each person we meet!)

If the child you care for happens to be very shy (or extremely aggressive) and you are having difficulty teaching social skills, you may want to seek help. Social skills are very important for navigating through the stormy adolescent years.

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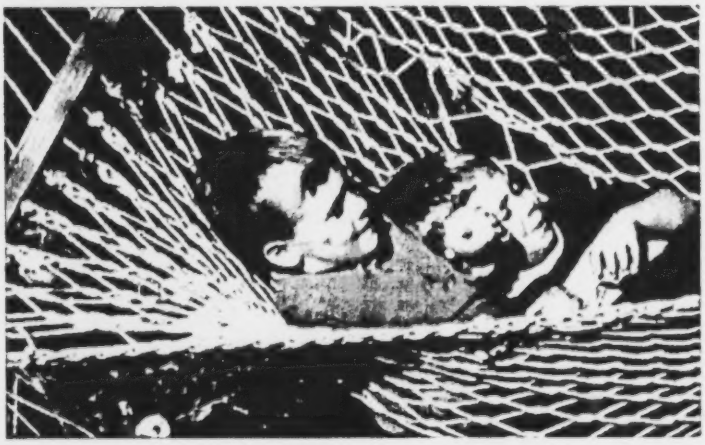
REASON 3 To Relax and Feel Good

How can you tell if your child is under stress?

Some signs of stress among young people are

- Has low self-esteem
- Has little energy
- Has a short attention span
- Is often sleepy
- Is extremely hyperactive
- Is often depressed
- Is inactive
- Often misbehaves
- Angers easily
- Fights frequently
- Is easily frustrated
- Uses adult sexual terms
- Says bad things about self
- Refuses to do as told
- Walks unsteadily
- Makes strange voices, grunts, growls, snorts
- Cries easily
- Is sulky
- Is detached and unresponsive
- Is uncommunicative
- Has a change in eating habits
- Has mood swings
- Shows increased defiance or rejection of authority
- Has a change in appearance and personal hygiene
- Has a change in personality
- Is abusive to siblings
- Has falling frades
- Talks back



Being young doesn't necessarily mean being carefree. Young people often cite stress as a reason they use alcohol, tobacco, and illicit drugs. Let's face it, there is a lot in today's environment that makes it difficult for young people, such as

- Violence and gangs
- HIV/AIDS
- Changing family structures
- Easy access to alcohol, tobacco, and illicit drugs
- Lack of good role models
- Teen pregnancies
- Many multimedia influences
- Lack of adult supervision
- Lack of safe places to learn, play, and socialize

These are all factors that may contribute to the increase in drug abuse in this country. Some young people think that alcohol or illicit drugs will cheer them up or make them forget about problems they have.

Adults and children sometimes develop unhealthy ways of dealing with stress. How many times have we heard people say, "Boy, I could use a drink" as an antidote to stress? How many of us truly know how to deal with stress in healthy ways? Children need to learn how to deal with stress, how to make healthy decisions, and how to relax.

Children also need someone to help them through difficult times, someone to whom they can express their concerns and apprehensions without fear of rejection or recrimination. One of the most important

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things that can keep children away from alcohol and drugs is the love and support of at least one caring adult who mentors them through the many phases of childhood.

There are many ways to help reduce stress in a child's life.

Some of these are

- Allow your children to express their feelings and concerns.
- Promote good nutrition and exercise during the early years so that these become habits for a lifetime.
- Let the child you care for know that you also experience pain, fear, anger, and nervousness.
- Look at your own coping skills to see if you are setting a good example.
- Teach your child some relaxation exercises like deep breathing and sitting quietly for 10 to 20 minutes.
- Help your child develop an imagination in order to make the most of opportunities that might arise from a stressful situation.
- Set goals based on the child's ability—not on someone else's expectations.
- Teach your child the value of forgiveness.
- Don't tire your child out by having too many activities all at once.
- Give your child a big hug or take a long walk before or after a stressful situation.
- Establish a special time each day just for the two of you. It can be as simple as reading a book together, watching a TV program, gardening, or baking a dessert.
- Show confidence in your child's ability to handle problems and tackle new challenges.
- Get your child's input about dealing with a stressful situation and show your appreciation for such thoughtfulness.
- Help the child you care for express anger positively without having to resort to violence.
- Help the child learn from mistakes and learn to forgive (set an example: don't hold a grudge or punish for no reason).

Express thoughts and feelings.

Most of us would probably agree that we feel much better when we are free of troubling worries and concerns. Being able to express thoughts and feelings to someone we feel comfortable with—a spouse, a coworker, or a friend—can make all the difference how we feel about ourselves and how we interact with the world around us.

Similarly, young people try on new thoughts and new feelings. When we try to limit the thoughts and feelings of our children, we are taking a great deal away from them. When we deny that their feelings are real, we are

These symptoms may indicate that you are under stress:

- Unresponsiveness to your child
- Frequent illness
- Low energy
- Frequent depression
- Confusion
- Low self-esteem
- Abusiveness
- Suspiciousness of others
- Alcohol or drug abuse
- Weariness
- Crying easily
- Inability to sleep
- Constant worrying
- Inability to make quick decisions
- Feeling overwhelmed
- Fearfulness
- Poor eating habits
- Constant complaining
- Tension headaches
- Desire to be alone more often
- Rejection of advice and assistance
- Mood swings
- Sleeping more
- Irritability and short-temperedness

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Exercise 4

Reaching Out to Other Adults

1. List three things that characterize a true friend.

2. List three things that make friendships thrive.

3. List three people you know who seem to need a friend.

4. Pick one person with whom you would like to be more friendly. Why did you choose this person?

5. Mentally picture yourself doing the things that will develop and deepen a friendship with this person.

6. Name what you give to the friendships in your life and what you could teach the children in your life about relationships based on these friendships.

Finding support for yourself and the child in your care is an important task. And besides being a great help to you, it shows your child that asking for help and becoming part of a larger community is important. Talk to other people who work with kids, find out about local prevention groups or support programs in your area, or look into starting a parents' group. An excellent resource to help get you started is the publication *Parents Helping Parents: A Guide For Action*. This guide includes information on how to organize a parent's group, provides models of successful parent programs, and is full of parent-friendly resources that will help you make positive changes in your community.

denying that children are individuals with their own perceptions. Young people who are taught to express themselves are going to have an easier time dealing with peer pressure and resisting other temptations.

Always telling people to shut up or silencing them by not paying any attention to their thoughts and feelings could sever their connection to you. They are likely to rebel, hide out, or get even. We've all heard stories about young people who are ignored, abandoned, or rejected. They hurt, and they express their pain through anger. They revert to violence or other forms of acting out; or they repress all their feelings and choose to comfort themselves through alcohol, tobacco, or illicit drugs.

ACTION STEPS

1. You can teach children how to express their thoughts and feelings by using characters on TV.

Ask them if they feel the way so-and-so does. Ask them about these feelings. You can read stories from the newspaper and ask if your child has any thoughts about the story or the people involved.

2. Many families use the dinner or supper hour as a time to share stories about events or to discuss current affairs.

Be aware, however, that this time should be limited to positive discussion. It is probably not appropriate to discuss upsetting issues such as failing grades, bad news in the newspaper, or other scary topics. It is

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definitely not the time to fight with each other.

Digesting food is an important bodily function that should be respected. Sometimes children associate food with the unpleasantness that may arise at the dinner table and develop poor eating habits. After-dinner discussions can teach the value of expressing yourself by encouraging passionate, but polite, exchanges.

Make wise decisions and solve problems

ACTION STEPS

1. Children need to be taught how to make decisions. You can guide them through a set of questions:

- What am I trying to decide and what do I know about it?
- How do I know my information is accurate? Who told me about it?
- What more do I need to know before going ahead?
- Who has the information I need?

2. Once the decision is made, ask these questions:

- What are the good effects of this decision?
- What are the bad effects?

You may want to ask the child to reconsider a decision. Make sure the child takes responsibility for the consequences.

Exercise 5

Relaxation Ideas (for Adults)

We all need some relaxation and calm in our lives to stay healthy and feel good. People relax in a variety of ways. Below are a number of activities that may help you to relax; it's all a matter of which ones appeal to you most.

Visiting friends
Physical exercise
Visualization
Going to the movies
Crossword puzzles
Playing cards
Reading
Watching television or videos
Taking cat naps
Going to a museum
Attending a concert
Playing an instrument
Singing
Listening to music
Giving yourself a facial
Polishing your nails
Having a massage
Taking a hot bath
Writing a letter
Writing in your journal
Talking on the telephone
Doing artwork
Going shopping
Playing with children
Playing with a pet
Cooking
Baking bread
Fishing
Playing on the computer
Gardening
Sewing
Hiking
Water sports
Volunteering
Sitting quietly

Stopping to smell the roses !

The benefits of taking time to relax are many: better health, more productivity, clearer thinking, inner peacefulness, and better relationships with others.

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Example

The child is asked by a friend to smoke some marijuana.

You can practice the decision-making process with the child under your care. Ask

1. What do you know about marijuana?

If the child doesn't know much about marijuana, you could take a trip to the local library for information. You can also contact the SAMHSA National Clearinghouse for Alcohol and Drug Information toll-free at (800) 729-6686, or at www.health.org.

2. What else do you need to know?

You can say that marijuana is illegal and that using it may result in a school suspension. A conviction of possession might limit future job opportunities.

Or you can say that you disapprove of its use and you will be disappointed if the chld decides to smoke pot.

Or, while smoking marijuana may temporarily make you feel like part of the crowd, true friendship doesn't depend on following the crowd.

Or, while there are some young people who smoke pot, most young people do not.

Marijuana may give temporary good feelings, but it often leads to decreased interest in primary areas of life. Instead of building up talents—sports, singing, dancing, music, auto repair, acting, drawing—the young person gets caught up in the drug culture. Youth is a time for learning new things...finding friends and building support networks. A child needs to know that drugs can interfere with all this.

Children also need to know that drug use doesn't have a negative effect just on them. It can also have a negative effect on others. A teacher may grow tired of a student's absences or lethargy, or a grandparent may grow resentful that a grandchild no longer visits.

You might point out that behaviors like these can turn into a bad cycle. Young people may think that a teacher or favorite uncle doesn't like them anymore instead of realizing that their behavior (drug use) has changed the relationship. A child, without being able to see this, just says, "The heck with it. Nobody likes me anyway." This attitude begins to spread to other relationships and then serves as a primary defense for using the drugs—"Nobody cares about me, so why shouldn't I smoke pot?"

One of the primary differences between kids from the sixties generation and today's generation is a change in the composition of our neighborhoods. In the 1960's and 1970's, there were more extended families. The teacher, the religious leader, the banker, the corner grocery owner, the neighbors, and others took responsibility for helping to ensure that any child in that neighborhood stayed out of trouble. And young people didn't want to violate these relationships. We need more of these influences for our young people today.

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REASON 4
To Take Risks and Rebel

All children need to learn how to take risks. This is part of growing up. By their actions, children are often saying, "I'm going to take an emotional risk today by letting these people know that I don't like what they are doing." Or "I'm going to take a risk today to test my balance by climbing up this tree." Or, "I'm going to take a social risk today and go up to someone I don't know and introduce myself."

There are risks of all kinds that we take everyday—and we take more when we are young. We want to push the limits.

To grow, a child must learn a lot of skills that we as adults often take for granted. It's difficult for us to remember how hard it was to go to our first dance. We had to risk that no one would ask us to dance, that we would not be able to dance very well, or that someone would make fun of us. For a child, these are big risks to take.

And as children approach puberty, virtually everything holds a small amount of risk, because everything feels so new and unexplored. As greater levels of risk are achieved, most young people will continue to look for opportunities to expand their horizons and grow.

This is why drugs and alcohol hold such allure for some young people. When all other reasons are discounted, drugs may provide some youth with the chance to prove they can "handle it." Combined with a strong desire to be a grownup and images of people on TV and elsewhere drinking, smoking, and taking drugs, it's no wonder that some young people want to take these risks.

Some youth, however, take more risks than others. They are unclear about boundaries. They may be unsure of rules and expectations. If they have an idea that they want to try everything in life and are not clearly guided into making smart and healthy decisions about risks, they may think it's okay to include alcohol, tobacco, and illicit drugs as part of that risk taking.

Evaluating Risk

Most parents, grandparents, and caregivers have a strong sense of the level of risk taking for each child in their care. You may know parents who had to call a poison control center five times in a year for one child and never had any cause for concern with another. Some children put everything in their mouths, climb up to the highest cabinet, and can't be trusted for 3 minutes alone in the backyard. Others seem to be born with an innate sense of responsibility and caution. You probably have a good idea of your child's level of risk. This will be helpful in determining the activities that will appeal to the child's sense of fun and pushing the limits.

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What is risk?

Only you can determine the level of risk that your child is comfortable with and which activities would be at that level. Listed here are a number of different levels of risk-taking activities. You may want to share this list with your child to determine which activities have the most appeal.

- Talking with someone you like but don't know
- Taking lessons on a musical instrument
- Performing at a recital
- Answering questions in class
- Joining a sports team
- Riding a bike
- Joining in a talking circle
- Walking to the park
- Going on a scavenger hunt
- Changing a hairstyle or color
- Piercing body parts
- Staying up late on a Saturday
- Going to a friend's house after school or spending the night
- Going to overnight camp
- Learning to Rollerblade
- Playing a video game
- Learning to ski on water or snow
- Going to the mall unsupervised
- Asking someone out on a date
- Learning to cook
- Babysitting
- Giving a speech
- Being a volunteer
- Taking karate lessons
- Tutoring a younger kid
- Going to a dance
- Attending a powwow

Taking Risks

Teenagers feel almost immortal. Although they worry about what their friends think about them and about who is going to say what about them at the cafeteria table, they don't believe they are physically in much danger in the world. Because one of their growing up tasks is to become individuals and separate from their families, they often become involved in risk-taking behavior. This behavior may get them into trouble, but it also may help them learn to face the world as mature adults. Here is where we face a dilemma: how can we help them take risks without encouraging dangerous—even life-threatening—behavior?

Drug abuse is a risk for today's youngsters that existed on a much smaller scale in past generations. Teenagers must take risks of some kind to learn their own boundaries. But we must convince them that using alcohol, tobacco, and illicit drugs is not acceptable risk-taking behavior.

ACTION STEPS

1.Talk about risk taking and what it means.
Children can offer lots of good input. Ask them what risk taking means to them. Talk with them about all types of risk taking and the advantages and disadvantages associated with each one. Children and parents both need to acknowledge the consequences of risk taking.

2. Determine your child's needs.
Some children seem to NEED lots of sensation or thrills in their lives. They like loud noises. They need a lot of stimulation to keep their attention. They seem to thrive on chaos. These young people are at particularly high risk for alcohol and drug problems. You may want

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to seek the help of a professional if you believe that your child may have this type of temperament. There may be biological reasons as well as psychological reasons for this sensation-seeking or thrill-seeking behavior.

3. Make clear rules and enforce them with consistency and mild consequences.

Parents need only a small number of consistently enforced rules to guide their children in establishing daily habits of self-discipline. Let your child know up front that you don't approve of using alcohol, tobacco, or illicit drugs, and your child will be less likely to consider these activities as acceptable. Some young people really want to rebel against society by engaging in antisocial behavior, juvenile delinquency, treating others poorly, and so forth. These young people often have not received the warmth and acceptance they needed while they were growing up. Children who experience rejection from their parents or other caretakers appear to be at greater risk than other children for alcohol or drug problems. In addition, parents who have unrealistic expectations about their children's abilities, communicate with them in abusive ways (threatening, chastising, belittling, and criticizing), and use coercive limit-setting and disciplinary methods may increase the likelihood that their children will use alcohol or illicit drugs.

Research also suggests that supportive parenting patterns have the opposite effect. Parents who are warm and accepting, who express realistic expectations about their children's abilities, who are diligent and effective in supervising and monitoring children whose limit-setting methods are noncoercive, and who spend time with their children are much less likely to raise children who use alcohol, tobacco, or illicit drugs.

Exercise 6

Role-playing a Conflict

The main point of this exercise is to have some fun with the child in your care and provide an opportunity to play an unfamiliar role. Role-playing involves performing, which is a risk-taking experience for many of us! You can either have a one-on-one role-play or you can involve your whole family in the experience. The fun comes in determining who plays which part. For example, you might have the child play the parental role while you play the part of the child. You could make the topic one that relates to several of the themes in this book:

- Peer pressure (you play the drug user) to test how the child would respond in this situation.
- The child (you) asking about why you should stay away from alcohol and drugs.
- The parent (the child) giving advice on what it means to be a grownup.

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REASON 5 To Satisfy Curiosity

For many of the reasons already presented in this guide, children are very curious about alcohol, tobacco, and illicit drugs. Kids are smart and they are very quick to pick up mixed messages in the media, at school, or at the dinner table. Even if we have done an outstanding job of educating and nurturing the children in our care, some children will remain curious about alcohol, tobacco, and illicit drugs. Since many kids are going to find out a lot about drugs from unreliable sources, this section includes some basic information for sharing with children. The street names of the drugs change weekly and by region.

If you suspect that a child in your care is using drugs, several publications are available, and there are organizations you can contact for help. Start by contacting the SAMHSA National Clearinghouse for Alcohol and Drug Information toll-free at (800) 729-6686, or at www.health.org.

Narcotics

Product names: Heroin, morphine, codeine, Dilaudid, Demerol, Percodan, methadone, Talwin.

Street names: Heroin—smack, junk, horse, H, tar. Morphine—mojo, mud, Mary Murphy, M, Miss Emma, Mister Black. Codeine—schoolboy, Cody, Captain Cody. Methadone—dollies, fizzies.

Symptoms of use: Lethargy, drowsiness, euphoria, nausea, constipation, constricted pupils, slowed breathing.

Potential consequences: HIV infection, heart or respiratory problems, mood swings, chronic constipation, tremors, toxic psychosis, high potential for addiction.

Route of administration: Injected and ingested.

Medical use: For pain relief (except heroin and methadone).

Legal status: Illicit or prescription only.

Hallucinogens

Product names: LSD (lysergic acid diethylamide), PCP (phencyclidine), DMT (dimethyltryptamine), mescaline, MDA (methylenedioxyamphetamine), STP (dimethoxymethamphetamine), psilocybin, Rohypnol, GHB (gamma hydroxybutyrate), MDMA (methylenedioxymethamphetamine).

Street names: LSD: A, acid, blotter, microdots, windowpane. PCP: angel dust, angel mist, animal tranquilizer. Psilocybin: mushrooms, magic mushrooms, shrooms. MDMA: ecstasy, E, X, XTC. Rohypnol: R-2, roofies, roaches, "the date rape drug." GHB: liquid ecstasy, liquid X, Georgia home brew, Georgia home boyz.

Symptoms of use: Trancelike state, excitation, euphoria, increased pulse rate, insomnia, hallucinations.

Potential consequences: Impaired judgment and coordination can result in greater risk for injury, self-inflicted injury, violent behavior, paranoia, depression or anxiety, unpredictable flashbacks.

Route of administration: Ingested.

Medical use: None.

Legal status: Illicit.

Alcohol (For Youth)

Product names: Beer, gin, vodka, bourbon, whiskey, liqueurs, wine, brandy, champagne, rum, sherry, port, coolers.

Street names: Booze, sauce, brews, brewskis, hard stuff, juice.

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Symptoms of use: Slurred speech, impaired judgment and motor skills, incoordination, confusion, tremors, drowsiness, agitation, nausea and vomiting, respiratory ailments, depression.

Potential consequences: Impaired judgment can result in sexually transmitted diseases (including HIV/AIDS), injuries, auto crashes, inability to control drinking, high tolerance level, blackouts and memory loss, interference with personal relationships, cirrhosis of the liver, vitamin deficiencies, damage to heart and central nervous system, sexual impotence, weight gain.

Route of administration: Ingested.

Medical uses: For appetite stimulation and mild sedation.

Legal status: Legal for those of established drinking age.

Depressants

Product names: Sleeping pills and tranquilizers (Seconal, Nembutal, Smytal, Quaalude, Miltown, Norcet, Placidyl, Valium, Librium, Tauxene, Ativan, Xanax, Serax).

Street names: Downers, ludes, V's, blues, goofballs, red devils, blue devils, yellow jackets, yellow bullets, pink ladies, Christmas trees, phennies, peanuts.

Symptoms of use: Drowsiness, confusion, incoordination, tremors, slurred speech, depressed pulse rate, shallow respiration, dilated pupils.

Potential consequences: Anxiety, depression, restlessness, psychotic episodes, chronic fatigue, insomnia, changes in eyesight, irregular

Exercise 7

Help Your Children Get the Facts

You can certainly share the information provided in this section with your children, but you may find it useful for them to gather some information on their own. Doing so may give them additional ownership of the information and may prompt them to learn even more as a result.

The first bit of information you could share with them is (800) 729-6686—the number for the SAMHSA National Clearinghouse for Alcohol and Drug Information (NCADI), or the Web site, www.health.org. NCADI can provide information on various drug groups. NCADI can also provide information on community organizations that offer additional materials, volunteer possibilities, and other resources.

Offer to show your child the devastating effects of substance abuse—visit a local treatment center, visit areas of your community plagued by drug problems, or arrange to visit a police station and talk to some of the officers.

Several videos are available on substance abuse prevention, many through NCADI. Offer your child the resources to obtain some or help look for videos at a local library or on the Internet.

You and your child will probably find many resources when you begin to look. Several national organizations that offer free materials and resources are listed in the resources section of this guide to give you a head start.

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menstruation, stopped breathing, suicide, dependence requiring more of the drug to get the same effect, severe withdrawal symptoms.

Routes of administration: Ingested.

Medical uses: For tranquilization, sedation, and sleep.

Legal status: Prescription only.

Cocaine/ Crack Cocaine

Product names: Cocaine, crack cocaine.

Street names: Cocaine—coke, snow, blow, toot, nose candy, flake, dust, sneeze. Crack cocaine—crack, rock, base, sugar block, Rox/Roxanne.

Symptoms of use: Excitability, euphoria, talkativeness, anxiety, increased pulse rate, dilated pupils, paranoia, agitation, hallucinations.

Potential consequences: High risk for addiction, violent or erratic behavior, hallucinations, cocaine psychosis, eating or sleeping disorders, impaired sexual performance, ongoing respiratory problems, ulceration of the mucous membrane of the nose, collapse of the nasal septum, death from cardiac arrest or respiratory arrest.

Route of administration: Sniffed and smoked.

Medical use: None.

Legal status: Illicit.

Stimulants

Product names: Amphetamine, methamphetamine, biphetamine, Dexedrine, Desoxyn, Tenuate, Ionamin, Tepanil, Methcathinone.

Street names: Methamphetamine—speed, crystal, meth, ice, glass, crank, go. Methcathinone—cat, Jeff, goob, stat, star. Amphetamine—bennies, benz, uppers. Dexedrine—dexies, brownies.

Symptoms of use: Excitability, tremors, insomnia, sweating, dry mouth and lips, bad breath, dilated pupils, weight loss, paranoia, hallucinations.

Potential Consequences: Weight loss, nutritional deficiency, chronic sleep problems, high blood pressure, paranoia, anxiety or nervousness, decreased emotional control, severe depression, violent behavior, death from heart failure or suicide.

Routes of administration: Ingested.

Medical uses: For narcolepsy, obesity, hyperkinesis.

Legal status: Prescription only.

Inhalants

Product names: Organic solvents, nitrous oxide, nitrites, aerosols, airplane glue, nail polish remover, lighter fluid, gasoline, paint, hair spray.

Street names: Glue, kick, bang, sniff, huff, poppers, whippets, Texas shoeshine.

Symptoms of use: Drunkenness, slurred speech, incoordination, nausea, vomiting, slowed breathing.

Potential consequences: Brain damage; pains in chest, muscles, joints; heart trouble; severe depression; toxic psychosis; nerve damage; fatigue; loss of appetite; bronchial tube spasm; sores on nose or mouth; nosebleeds; diarrhea; nausea; bizarre or reckless behavior; sudden death; suffocation.

Route of administration: Sniffed.

Medical use: Nitrous oxide only, for anesthesia.

Legal status: Most products available in retail stores.

Cannabis (Marijuana)

Product names: Delta-9-tetrahydrocannabinol, Cannabis sativa, marijuana, hashish, hashish oil.

Street names: Weed, pot, grass, reefer, Mary Jane, blunt, joint, roach, nail. (Blunts refer to cigars into which marijuana is rolled.)

Symptoms of use: Mood swings, euphoria, slow thinking and reflexes, dilated pupils, increased appetite, dryness of mouth, increased pulse rate, delusions, hallucinations.

Potential consequences: Amotivational syndrome, memory impairment, weight gain, increased risk for cancer, lower sperm counts and lower testosterone levels for men, increased risk of infertility for women, psychological dependence requiring more of the drug to get the same effect. Marijuana serves as a barrier against self-awareness, and users may not learn key developmental skills.

Routes of administration: Ingested and smoked.

Resources

African American Parents for Drug Prevention
311 Martin Luther King Drive
Cincinnati, OH 45219
513-475-5359
513-475-5394 (FAX)

Al-Anon/Alateen Family Group Headquarters, Inc.
1600 Corporate Landing Parkway
Virginia Beach, VA 23454-5617
800-356-9996
(general information)
800-344-2666
(meeting information)
www.al-anon.alateen.org

Alcoholics Anonymous World Services
475 Riverside Drive
New York, NY 10115
212-870-3400
www.alcoholics-anonymous.org

Boys & Girls Clubs of America
1230 West Peachtree Street, NW.
Atlanta, GA 30309
404-815-5700
www.bgca.org

Camp Fire, Inc.
4601 Madison Avenue
Kansas City, MO 64112
816-756-1950

CDC National AIDS Clearinghouse
P.O. Box 6003
Rockville, MD 20849-6003
800-458-5231
www.cdcnpin.org

Center for Substance Abuse Prevention
5600 Fishers Lane, Rockwall II
Rockville, Maryland 20857
301-443-0365
nnadal@samhsa.gov

Community Anti-Drug Coalitions of America
901 North Pitt Street, Suite 300
Alexandria, VA 22314
703-706-0560
800-54-CADCA
www.cadca.org

Girls Incorporated
120 Wall Street, 3rd Floor
New York, NY 10005
212-509-2000
www.girlsinc.org

Mothers Against Drunk Driving (MADD)
511 East John Carpenter Freeway
Suite 700
Irving, TX 75062
214-744-6233
800-GET-MADD
www.madd.org

Nar-Anon Family Groups
P.O. Box 2562
Palos Verdes Peninsula, CA 90274
323-547-5800

Narcotics Anonymous
P.O. Box 9999
Van Nuys, CA 91409
818-773-9999
www.na.org

National Asian-Pacific American Families Against Substance Abuse, Inc.
340 East Second Street, Suite 409
Los Angeles, CA 90012
213-625-5795
napafasa@igc.apc.org
www.napafasa.org

National Association for Children of Alcoholics
11426 Rockville Pike, Suite 100
Rockville, MD 20852
301-468-0985
888-554-COAS
www.health.org/nacoa

National Association for Native American Children of Alcoholics
P.O. Box 2708
Seattle, WA 98111-2708
206-903-6574
www.ndpl.org/nanacoa.html

National Black Child Development Institute
1023 15th Street, NW, Suite 600
Washington, DC 20005
202-387-1281
www.nbcdi.org

SAMHSA's National Clearinghouse for Alcohol and Drug Information
P.O. Box 2345
Rockville, MD 20847-2345
800-729-6686
800-487-4889 (TDD)
www.health.org

National Clearinghouse on Child Abuse and Neglect Information
330 C Street, SW.
Washington, DC 20447
703-385-7565
www.calib.com/nccanch

National Alliance for Hispanic Health
1501 16th Street, NW.
Washington, DC 20036
202-387-5000
www.hispanichealth.org

National Council on Alcoholism and Drug Dependence, Inc.
12 West 21st Street
New York, NY 10010
212-206-6770
212-645-1690 (FAX)
www.ncadd.org

National Crime Prevention Council
1000 Connecticut Avenue, NW.
13th Floor
Washington, DC 20036
202-466-6272
www.ncpc.org

National PTA Drug and Alcohol Abuse Prevention Project
330 North Wabash Avenue
Suite 2100
Chicago, IL 60611-3690
312-670-6782
312-670-6783 (FAX)
www.pta.org

National Urban League
120 Wall Street, 8th Floor
New York, NY 10005
212-558-5300
www.nul.org

Office of Minority Health Resource Center
P.O. Box 37337
Washington, DC 20013-7337
800-444-6472
301-230-7199 (TDD)
301-230-7198 (FAX)
www.omhrc.gov

Parents' Resource Institute for Drug Education, Inc. (PRIDE)
3534 South 108th Street
Omaha, NE 68144
402-397-3309
www.pride.org

Students Against Destructive Decisions
P.O. Box 800
Marlboro, MA 01752
800-787-5777
www.nat-sadd.org

YMCA of the USA
101 North Wacker Drive
Chicago, IL 60606
312-977-0031
www.ymca.net

YWCA of the USA
Empire State Building
350 5th Avenue, Suite 301
New York, NY 10118
212-273-7800
212-465-2281 (FAX)
www.ywca.org

Internet Resources

Adolescence Directory Online Center for Adolescent Studies Indiana University
www.education.indiana.edu/cas/adol/adol.html

America Online's Parent's Resource Center
Keywords: drug help

Early Childhood Educators' and Family Web Corner
users.sgi.net/~cokids

National Network for Family Resilience (NNFR)
www.nnfr.org

National Parent Information Network (part of ERIC Clearinghouse on Elementary and Early Childhood Education)
www.npin.org

Office of National Drug Control Policy
For parents and other adults:
www.whitehousedrugpolicy.gov
www.theantidrug.com
For youth: www.freevibe.com

Office on Smoking and Health at the Centers for Disease Control and Prevention (CDC)
www.cdc.gov/tobacco

Parenting Is Prevention Project
www.parentingisprevention.org

Parents Helping Parents: A Guide For Action
A Center for Substance Abuse Prevention Meeting and Conference Document
www.samhsa.gov/csap

Partnership for a Drug-Free America
www.drugfreeamerica.org

Strengthening Families
www.strengtheningfamilies.org

Substance Abuse and Mental Health Services Administration (SAMHSA)
www.samhsa.gov

The National Parenting Center (TNPC)
www.tnpc.com/parentalk/index.html

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National Library of Education (NLE)
Educational Resources Information Center (ERIC)

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